

**CITY OF LEXINGTON****P.O. Box 922****300 East Washington Street****Lexington, Virginia 24450****[540] 462-3700; fax [540] 463-5310****AGENCY FUNDING REQUEST**

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Increase/decrease from prior year grant: \_\_\_\_\_ %

City grant would represent \_\_\_\_\_ % of approved/proposed budget.

Comments: \_\_\_\_\_

Mission Statement: \_\_\_\_\_

Description of purpose for which funds are being requested: \_\_\_\_\_

1. Is the Board of Directors listed on the website? ☐ Yes ☐ No2. Is there a formalized agreement with the City in place? ☐ Yes ☐ No3. Has service been designated a City responsibility? ☐ Yes ☐ No4. Is there a formula for determining the City's share? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

5. Is current year summary budget attached? ☐ Yes ☐ No6. Is proposed summary budget attached? ☐ Yes ☐ No7. Are most recent audited financials provided? ☐ Yes ☐ No

8. Number of City clients/beneficiaries in current year? \_\_\_\_\_

Other pertinent information to assist in evaluation of request: \_\_\_\_\_